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**CUSTOMER NUMBER 22850** (Depositor's name (Signature) (Date) CONFIRMATION NO ATTORNEY DOCKET NO. APPLICATION NO. FILING DATE FIRST NAMED INVENTOR 7267 252202US0 Keisuke Furukawa 04/22/2004 10/829,427 TITLE OF INVENTION: MODIFIED SARCOSINE OXIDASES, GENES AND RECOMBINANT DNAS THEREOF, AND METHODS FOR PREPARING THE SAME PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE PUBLICATION FEE DUE APPLN. TYPE SMALL ENTITY ISSUE FEE DUE 02/27/2007 \$0 \$1700 \$1400 \$300 nonprovisional CLASS-SUBCLASS **EXAMINER** ART UNIT 435-191000 1652 WALICKA, MALGORZATA A Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list 1 OBLON, SPIVAK, (1) the names of up to 3 registered patent attorneys ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, MAIER McCLELLAND, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. & NEUSTADT, P.C. listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE Noda-shi, JAPAN KIKKOMAN CORPORATION Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🚨 Government 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4a. The following fee(s) are submitted: A check is enclosed. Issue Fee Payment by credit card. Transmitted via EFS-Web. Publication Fee (No small entity discount permitted) The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 15 − 0030 (enclose an extra copy of this form). Advance Order - # of Copies \_\_\_ 5. Change in Entity Status (from status indicated above) b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

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